

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 1 of 9

REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws 4.9)	Practitioners who CANNOT : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly admit patients to the Medical Center; have completed proctoring requirements. Have completed proctoring and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 2 of 9

CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results for patients of all age groups except as specifically excluded from practice; and one of the following:
General Surgery Category 1	Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery to be achieved within five (5) years of completion of residency training; or Successful completion of an ACGME/AOA accredited residency program in general surgery. Where these privileges overlap with those in pediatric surgery, these general surgery privileges are limited to patients' six (6) years of age and older.
Category 2	As for Category 1, plus Successful completion of an approved, recognized course, or acceptable supervised training in a residency, fellowship or other formal training, or clinical experience of sufficient breadth and length with acceptable results.
Category 3	As for Category 2, plus Documented experience and competence with specialized instrumentation and technique in formal training or clinical experience in the diagnosis, operative techniques and/or management of specific conditions under the supervision of a qualified subspecialist in the relevant subspecialty of surgery; or Satisfactory completion of an ACGME/AOA accredited postgraduate fellowship in the relevant surgical subspecialty.
Privileges Followed by an Asterisk (*)	Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of indications for the procedure/test/therapy; and Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.
Laparoscopic Procedures*	Privileges for laparoscopic cholecystectomy, diagnostic laparoscopy, laparoscopic appendectomy, and other defined laparoscopic procedures will be based on the criteria and policies developed by the Surgery Service.
Bariatric Surgery	Laparoscopic surgery for morbid obesity requires Fellowship in either Bariatric Surgery or Advanced Laparoscopic Surgery. Specific Proctoring required: 5 for Lap Band, 5 for Laparoscopic, 5 for Open Procedures/surgery
Use of Laser	Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization with hands on experience of the specific laser; or Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency.
Sedation	Moderate Sedation: Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM). Deep Sedation: Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.
Observation Requirements	As specified in the Surgery Service rules and regulations.

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 3 of 9

<p style="text-align: center;">Surgical Robotic Platform</p> <p style="text-align: center;">Education / Training</p>	<p>EDUCATION/TRAINING The physician must have:</p> <ol style="list-style-type: none">1. Completed an ACGME approved residency program in General Surgery.2. Certification by the American Board of General Surgery or must be eligible to sit for that board or demonstrated equivalent competency in General Surgery.3. Current active privileges to perform the underlying surgical procedure to be performed on the Robotic Surgical Platform or be eligible for privileges. <p>ROBOTIC PLATFORM TRAINING In order to apply for robotic privileges the physician must have completed <u>at least one</u> of the following three training experiences:</p> <ol style="list-style-type: none">1. <u>Teaching Proctor Experience:</u><ol style="list-style-type: none">a. Evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models on console performing routine maneuvers such as knot tying.b. Successful completion of a minimum of five (5) cases at LLUMC is required under the supervision of and with the help of a teaching proctor. A proctor of the same specialty is required for the first two (2) cases, but is not required for the remaining three cases.c. This teaching proctor may be an LLUMC physician who is privileged to proctor robotic cases OR an outside physician with temporary privileges to proctor. This teaching proctor will be compensated for his/her services.2. <u>Fellowship or Residency Training Experience:</u><p>Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of thirty (30) robotic-assisted procedures in that program. If less than thirty (30) robotic-assisted procedures done, follow the process in 1 b. above</p> <p>OR</p> <ol style="list-style-type: none">3. <u>Robotic Privileges at another Hospital:</u><p>Previous full robotic surgery privileges at another hospital as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operating surgeon (cases performed as assistant surgeon do not count) for review.</p>
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**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 4 of 9

<p>Surgical Robotic Platform Continued</p> <p>Proctoring Requirements</p>	<p>MEDICAL STAFF PROCTORING REQUIREMENTS:</p> <p>Once the applicant has applied for robotic privileges and has furnished evidence of the required training and/or experience as detailed above, that application will be reviewed by the chief of the appropriate service and a recommendation made to the credentials committee for granting provisional robotic privileges.</p> <p>Once provisional robotic privileges are granted, the applicant will need to be proctored on at least two (2) additional cases performed at LLUMC without the assistance of the proctor. The proctor will be present during the entire case and will observe the procedure.</p> <p>This proctoring must be performed by a member of the LLUMC Medical Staff who has full robotic privileges. Up to five (5) cases may be required in some circumstances, but after two to five (2-5) cases, full robotic privileges will be either approved, referred for additional training, or denied based on the proctoring reports and the determination of the appropriate service chief.</p> <p>This proctor is provided without charge to the applicant in the usual manner for medical staff proctoring requirements.</p>
<p>Maintenance Requirements</p>	<p>MAINTAINING ROBOTIC PRIVILEGES</p> <p>The surgeon must have performed 20 cases, and 10 within the last two (2) years, or they will either not be eligible to reapply for the privilege or they will be referred for additional proctoring.</p> <p>The surgeon should participate actively in the ongoing performance improvement programs of the medical staff, hospital, and department.</p>
<p>Requirements For A Teaching Proctor at LLU Hospitals</p>	<p>REQUIREMENTS FOR A TEACHING PROCTOR AT LLU HOSPITALS</p> <p><u>At least one</u> of the following three levels of experience:</p> <ol style="list-style-type: none">1. <u>Full robotic privileges at another hospital</u> as documented by providing operative reports and discharge summaries for the last twenty (20) consecutive robotic cases performed as the operative surgeon (cases performed as assistant surgeon do not count) for review. Service Chief to review cases.2. <u>Current Intuitive approved proctor.</u>3. <u>Full robotic privileges granted by LLUMC Medical Staff.</u>

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 5 of 9

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
GENERAL					
	GS00300	Admit, treat, consult on diseases/disorders/conditions utilizing surgical intervention			
	GS00312	Special Care Unit privileges for the specialty and general medical needs of the patient.			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
GENERAL SURGERY: CATEGORY 1					
	GS11960	Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair			
	GS00630	Amputation, knee, toe, transmetatarsal			
		Bronchoscopy, fiberoptic with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
		Bronchoscopy, rigid with or without biopsy Required qualifications: a letter from Residency Program Director attesting to training and competency, if completed recently; or a letter from the Chief of Staff/Service at a JCAHO accredited hospital attesting to current competency.”			
	GS00890	Appendectomy			
	GS01590	Mastectomy, complete/partial or subcutaneous, with or without axillary lymph node dissection, radical or modified radical mastectomy, operation for gynecomastia			
	GS01600	Excision of breast lesion, breast biopsy, incision and drainage of breast abscess, lumpectomy			
	GS03490	Drainage of intra-abdominal abscess			
	GS03780	Emergency thoracostomy			
	GS03980	Enterostomy (feeding or decompression)			
	GS03970	Enteric fistulae management			

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 6 of 9

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
GENERAL SURGERY: CATEGORY 1 <i>Continued</i>					
	GS04760	Gastroduodenal surgery			
	GS04780	Gastrostomy (feeding or decompression)			
	GS05380	Incision/excision of pilonidal cyst			
	GS05390	Incision, excision, resection and enterostomy of small intestine			
	GS05320	Incision and drainage of abscesses and cysts			
	GS06380	IV access procedures – central venous catheter			
	GS06530	Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma			
	GS06710	Liver biopsy (intraoperative)			
	GS07180	Management of burns			
	GS07440	Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage			
	GS07570	Management of multiple trauma			
	GS07780	Management of soft tissue tumors, inflammations and infection of anorectal region			
	GS08860	Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction			
	GS10720	Radical regional lymph node dissections, excluding radical neck dissection			
	GS10950	Removal of ganglion (palm or wrists; flexor sheath)			
	GS11180	Repair of perforated viscus (gastric, small intestine, large intestine)			
	GS03980	Enterostomy (feeding or decompression)			
	GS11410	Scalene node biopsy			
	GS11680	Skin grafts (partial thickness and full thickness)			
	GS11770	Splenectomy (trauma, staging, therapeutic)			
	GS12490	Thoracentesis			
	GS01330	Biliary enteric anastomoses			
	GS04300	Excision of retrosternal thyroid tumors			
	GS04340	Excision of thyroglossal duct cysts			
	GS05140	Hysterectomy as part of general surgical procedure			
	GS05340	Incision and drainage of pelvic abscess			
	GS06170	Intraoral surgery, local excision			
	GS09140	Pancreatic sphincteroplasty			
	GS09180	Parathyroidectomy			
	GS10640	Pulmonary artery catheterization			
	GS11380	Salpingectomy/oophorectomy as part of general surgical procedure			
	GS11530	Selective vagotomy (high) or any other			

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 7 of 9

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
GENERAL SURGERY : CATEGORY 1 Continued					
	GS12510	Thoracoabdominal exploration			
	GS12580	Thyroidectomy and neck dissection			
	GS12690	Tracheostomy			
	GS02510	Colotomy, colostomy			
	GS02410	Colectomy (abdominal)			
	GS02770	Correction of intestinal obstruction			
	GS04230	Excision of fistula in ano/fistulotomy			
	GS4280	Excision of rectal lesion			
	GS05370	Incision/drainage and debridement, perirectal abscess			
	GS09930	Peritoneovenous drainage procedures for relief of ascites			
	GS06770	Peritoneal venous shunts			
	GS09120	Pancreatectomy for trauma			
		Benign esophageal surgery			
		Excision of skin lesions			
GENERAL SURGERY: CATEGORY 2					
	GS04080	Esophageal resection and reconstruction			
		AV Fistula Graft for Dialysis			
		Peritoneal Dialysis Catheter Placement			
	GS04980	Hemipelvectomy, forequarter or hindquarter amputations			
	GS11570	Shunt procedure for portal hypertension			
	GS08980	Organ harvesting: liver, kidney, pancreas			
	GS11770	Splenectomy, large bowel by laparoscopy and adrenalectomy			
	GS04693	Fundoplication by laparoscopy			
	GS01591	Breast reconstruction			
	GS10700	Radical neck dissection			
	GS04740	Gastric operations for cancer (radical, partial, or total gastrectomy)			
	GS01340	Biliary tract resection/reconstruction			
	GS05040	Hepatic resection			
	GS04090	Esophagogastrectomy			
	GS05030	Hepatic infusion			
	GS09120	Pancreatectomy, total or partial for cancer			
	GS06511	Laparoscopy: diagnostic*, appendectomy*, cholecystectomy*			
	GS06500	Laparoscopy, hernia*			
	GS08490	Nutrition Support Consultation			
	GS12760	Transthoracic vagotomy (laparoscopy)			

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 8 of 9

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
ROBOTIC ASSISTED SURGERY					
		Perform Robotic Assisted Surgery Using the Robotic Surgical Platform Attach Documentation as outlined on Page 3-4 for qualifications and proctoring.			
GENERAL SURGERY: CATEGORY 3					
	GS06441	Kidney transplant			
		Living Donor Nephrectomy, Laparoscopic/Open-Specific Proctoring Required			
	GS07961	Mediastinoscopy and drainage, any approach			
	GS12740	Transhiatal esophagectomy			
	GS05043	Hepatic, pancreatic or bowel transplant			
	GS05341	Pelvic exenterations			
	GS04085	Lung resection			
BARIATRIC SURGERY – CATEGORY 3 All privileges are contingent on following the Bariatric Surgery Protocol See Qualifications and Proctoring Requirements on Page 2					
	GS04750	Gastric procedures for morbid obesity, Open			
		Laparoscopic Surgery for morbid obesity*			
ENDOSCOPIC PROCEDURES: CATEGORY 1					
	GS11605	Proctosigmoidoscopy, rigid/with biopsy (with polypectomy/tumor excision)			
	GS02290	Choledochoscopy – rigid			
	GS02281	Choledochoscopy – flexible			
	GS04100	Esophagogastroduodenoscopy with biopsy			
	GS04101	Esophagoduodenoscopy			
	GS11602	Sigmoidoscopy, flexible			
	GS11603	Proctosigmoidoscopy, flexible with biopsy or with polypectomy			
ENDOSCOPIC PROCEDURES: CATEGORY 2					
	GS04800	Gastrostomy, percutaneous endoscopic			
	GS11382	Cystectomy as part of general surgical procedures			
	GS11430	Sclerotherapy of esophageal varices			
	GS02460	Colonoscopy			
	GS04120	Esophagoscopy, rigid with biopsy			

**Loma Linda University Medical Center
GENERAL SURGERY Privilege Request Form**

Name: _____

Page 9 of 9

ENDOSCOPIC PROCEDURES: CATEGORY 3					
	GS03860	Cholangiopancreatography, endoscopic retrograde			
	GS02280	Choledochoscopy flexible – percutaneous, transhepatic			
	GS04110	Esophagogastroduodenoscopy with polypectomy			
	GS06110	Endoscopic ultrasound			
		Thoracoscopy			
SEDATION					
	GS99998	Moderate Sedation			
	GS99999	Deep Sedation			

Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications.

Code	Privilege - Explanation	Condition/Modification

RECOMMENDED:

Chief of Section

Date

Chief of Service

Date

Credentials Committee

Date

Medical Executive Committee

Date

APPROVED:

Board Officer

Date